PHYSICIAN ORDER AND CERTIFYING PHYSICIAN STATEMENT FOR DIABETIC SHOES AND INSERTS

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I certify that I am treating this patient under a comprehensive plan of care for his/her diabetes. I certify that the information provided is true and correct. I certify that I have thoroughly documented the patient's medical necessity for the product(s) ordered and will provide Pro Medical East with all required supporting documentation. MD OR DO, PECOS ENROLLED ONLY

PHYSICIAN SIGNATURE

DATE _

PLEASE FAX PRESCRIPTION TO: 603-835-3229